



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION SPECIAL
EDUCATION- FUNDS MANAGEMENT SECTION
**2003-2004 LOCAL IMPROVEMENT GRANT
FINAL EXPENDITURE REPORT**

School District Name:	County-District Code:
Name of person completing this form:	Form Due Date: May 31, 2004
Telephone Number and/or E-mail address for person completing this form:	

Submission Instructions

MAIL – the completed form by the Due Date Above to: Special Education Funds Management
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102

QUESTIONS – Special Education Funds Management at (573) 751-0622 or webreplyspefm@mail.dese.state.mo.us

Grant Information

Title of Local Improvement Grant (Check One):

☐ Accelerated Schools ☐ Positive Behavior Supports

	BUDGETED:	ACTUAL EXPENDITURES:
Salaries/Substitutes:	\$	\$
Contract Professional Services:	\$	\$
Services/Trainer Stipends:	\$	\$
Expenses:	\$	\$
Parent Training/Materials/Travel:	\$	\$
TOTAL EXPENDITURES:	\$	\$
Signature of Authorized Representative:		Date:

Title of Authorized Representative:

DESE USE ONLY

Signature of Director, Special Education Funds Management		Date:
Spent	\$	
Paid	\$	
Balance	\$	
BALANCE DUE LEA \$		OVERPAYMENT/REFUND DUE DESE \$